

<i>SERFF Tracking Number:</i>	<i>SCTT-125877557</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>KR AR04204NCF01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Sports & Leisure</i>		
<i>Project Name/Number:</i>	<i>Initial Form/KR AR04204NCF01</i>		

Filing at a Glance

Company: National Casualty Company		
Product Name: Sports & Leisure	SERFF Tr Num: SCTT-125877557	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: KR AR04204NCF01	State Status: Fees verified and received	
Filing Type: Form	Co Status:	Reviewer(s): Edith Roberts, Brittany Yielding
	Author: Staci Baxter	Disposition Date: 11/04/2008
	Date Submitted: 10/28/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Initial Form	Status of Filing in Domicile: Pending
Project Number: KR AR04204NCF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/04/2008	
State Status Changed: 11/04/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
National Casualty Company is filing an addendum to our Sports & Leisure program for a new Sexual Abuse Liability Coverage. We request an effective date as soon as permissible by the laws of your state.	

We have attached the Sexual Abuse Policy, Conditions, Declarations, and Certificate to provide sexual abuse coverage. As a Subscriber of ISO, the applicable state cancellation endorsement(s) will be utilized. In addition, we are filing a renewal certificate for our sports and leisure business.

SERFF Tracking Number: SCTT-125877557 State: Arkansas
 Filing Company: National Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: KR AR04204NCF01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: Sports & Leisure
 Project Name/Number: Initial Form/KR AR04204NCF01

Company and Contact

Filing Contact Information

Staci Baxter, Filings Analyst I baxters2@scottsdaleins.com
 PO Box 4110 (800) 423-7675 [Phone]
 Scottsdale, AZ 85259

Filing Company Information

National Casualty Company	CoCode: 11991	State of Domicile: Wisconsin
PO Box 4110	Group Code: 140	Company Type:
Scottsdale, AZ 85261	Group Name:	State ID Number:
(800) 423-7675 ext. [Phone]	FEIN Number: 38-0865250	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 NCC form Filing x \$50 = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	10/28/2008	23530226

SERFF Tracking Number:	SC TT-125877557	State:	Arkansas
Filing Company:	National Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	KR AR04204NCF01		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	Sports & Leisure		
Project Name/Number:	Initial Form/KR AR04204NCF01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/04/2008	11/04/2008

<i>SERFF Tracking Number:</i>	<i>SCTT-125877557</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Sports & Leisure</i>		
<i>Project Name/Number:</i>	<i>Initial Form/KR AR04204NCF01</i>		

Disposition

Disposition Date: 11/04/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SCTT-125877557 State: Arkansas

Filing Company: National Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: KR AR04204NCF01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Sports & Leisure

Project Name/Number: Initial Form/KR AR04204NCF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Sexual and/or Physical Abuse Liability Policy	Approved	Yes
Form	Common Policy Conditions	Approved	Yes
Form	Sexual and/or Physical Abuse Liability Declarations	Approved	Yes
Form	Sexual and/or Physical Abuse Liability Certificate of Insurance	Approved	Yes
Form	Renewal Certificate	Approved	Yes

SERFF Tracking Number: SCTT-125877557 State: Arkansas

Filing Company: National Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: KR AR04204NCF01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Sports & Leisure

Project Name/Number: Initial Form/KR AR04204NCF01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Sexual and/or Physical Abuse Liability Policy	KR-SAL-P-1	10-08	Policy/Coverage Form		0.00	KR-SAL-P-1_10-08_.pdf
Approved	Common Policy Conditions	KR-SAL-1	10-08	Endorsement/Amendment/Conditions	New	0.00	KR-SAL-1_10-08_.pdf
Approved	Sexual and/or Physical Abuse Liability Declarations	KR-SAL-D-1	10-08	Declaration News/Schedule	New	0.00	KR-SAL-D-1_10-08_.pdf
Approved	Sexual and/or Physical Abuse Liability Certificate of Insurance	KR-SAL-D-2	10-08	Certificate	New	0.00	KR-SAL-D-2_10-08_.pdf
Approved	Renewal Certificate	UT-1	11-04	Certificate	New	0.00	UT-1_11-04_.pdf

National Casualty Company

A Stock Company, herein called the Company

SEXUAL AND/OR PHYSICAL ABUSE LIABILITY POLICY

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words “you” and “your” refer to the Named Insured shown in the Declarations and any Certificate Holder to whom a Certificate of Insurance has been issued under this policy, and any other person or organization qualifying as a Named Insured under this policy. The words “we,” “us” and “our” refer to the company providing this insurance.

The word “insured” means any person or organization qualifying as such under Section III., Persons Insured.

Other words and phrases that appear in **bold** have special meaning. Refer to Section VII., Definitions.

SECTION I—COVERAGE—SEXUAL AND/OR PHYSICAL ABUSE LIABILITY

1. We will pay on your behalf all sums which you shall become legally obligated to pay as **DAMAGES** because of injury occurring during the **POLICY PERIOD** to any person, and arising out of **SEXUAL AND/OR PHYSICAL ABUSE**, caused by one of your **EMPLOYEE**, or arising out of your failure to properly supervise. We shall have the right and duty to defend the insured against any suit seeking such **DAMAGES**, even if any of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and such settlement of any claim or suit as we deem expedient. But:

- a. The amount we will pay for **DAMAGES** is limited as described in Section IV., Limits Of Liability; and
- b. We shall not be obligated to pay any claim or judgment or to defend any suit after the applicable limit of our liability has been exhausted in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Section V., Supplementary Payments.

2. This insurance applies to **SEXUAL AND/OR PHYSICAL ABUSE** only if:
 - a. The **SEXUAL AND/OR PHYSICAL ABUSE** takes place in the **COVERAGE TERRITORY**;
 - b. The **SEXUAL AND/OR PHYSICAL ABUSE** occurs during the **POLICY PERIOD**; and
 - c. Prior to the **POLICY PERIOD**, no insured listed under Persons Insured of Section III and no **EMPLOYEE** authorized by you to give or receive notice of an occurrence or claim, knew that the **SEXUAL AND/OR PHYSICAL ABUSE** had occurred, in whole or in part. If such listed Persons Insured or authorized **EMPLOYEE** knew, prior to the **POLICY PERIOD**, that the **SEXUAL AND/OR PHYSICAL ABUSE** occurred, then any continuation, change or resumption of such **SEXUAL AND/OR PHYSICAL ABUSE** during or after the **POLICY PERIOD** will be deemed to have been known prior to the **POLICY PERIOD**.
3. **SEXUAL AND/OR PHYSICAL ABUSE** which occurs during the **POLICY PERIOD** and was not, prior to the **POLICY PERIOD**, known to have occurred by any insured listed under Persons Insured of Section III. or any **EMPLOYEE** authorized by you to give or receive notice of an occurrence or claim, includes any continuation, change or resumption of that **SEXUAL AND/OR PHYSICAL ABUSE** after the end of the **POLICY PERIOD**.

4. **SEXUAL AND/OR PHYSICAL ABUSE** will be deemed to have been known to have occurred at the earliest time when any insured listed under Persons Insured of Section **III.** or any **EMPLOYEE** authorized by you to give or receive notice of an occurrence or claim:
 - a. Reports all, or any part, of the **SEXUAL AND/OR PHYSICAL ABUSE** to us or any other insurer;
 - b. Receives a written or verbal demand or claim for damages because of the **SEXUAL AND/OR PHYSICAL ABUSE**; or
 - c. Becomes aware by any other means that **SEXUAL AND/OR PHYSICAL ABUSE** has occurred or has begun to occur.
5. **DAMAGES** because of **SEXUAL AND/OR PHYSICAL ABUSE** include damages claimed by a person or organization for care, loss of services or death resulting at any time from the **SEXUAL AND/OR PHYSICAL ABUSE.**

SECTION II—EXCLUSIONS

This policy does not apply to:

1. Any actual or alleged **SEXUAL AND/OR PHYSICAL ABUSE** by you or **PERSONS INSURED** (see Section **III.** below);
2. Liability of others assumed by you under any contract or agreement, either oral or in writing, unless specifically endorsed hereon;
3. Any obligation for which you or any carrier as your insurer may be held liable under any workers' compensation, unemployment compensation or disability benefits law, or under any similar law;
4. Bodily injury to, or **SEXUAL AND/OR PHYSICAL ABUSE**, sickness, disease, or death sustained by:
 - a. Any of your **EMPLOYEE** arising out of, and in the course of:
 - (1) Employment by the insured; or
 - (2) Performing duties related to the conduct of the insured's business; or
 - b. The spouse, child, parent, brother or sister of that **EMPLOYEE** as a consequence of Paragraph **a.** above;

This exclusion applies whether the insured may be liable as an employer or in any other capacity and to any obligation to share **DAMAGES** with or repay someone else who must pay **DAMAGES.**

5. Any loss or claim either directly or indirectly arising from your activities as an officer or director of any corporation, company or business other than that of the Named Insured;
6. Any claim for punitive or exemplary damages; or
7. Any loss, claim or suit arising from corporal punishment.

SECTION III—PERSONS INSURED

Each of the following is an insured under this insurance to the extent set forth below:

1. If the Named Insured is designated as an individual in the Declarations or the Certificate Holder is designated as an individual in the Certificate Of Insurance, the person so designated, but only with respect to the conduct of a business of which you are the sole proprietor, and the spouse of the Named Insured with respect to the conduct of such a business;
2. If the Named Insured is designated as a partnership or joint venture in the Declarations or the Certificate Holder is designated as a partnership or joint venture in the Certificate Of Insurance,

the partnership or joint venture so designated and your partners or your members thereof but only with respect to the conduct of your business; or

3. If the Named Insured is designated in the Declarations as other than an individual, or partnership or joint venture, or the Certificate Holder is designated in the Certificate Of Insurance as other than an individual, partnership or joint venture, the organization so designated and any executive officer, director or stockholder, but only with respect to their duties as such.

SECTION IV—LIMITS OF LIABILITY

Regardless of the number of insureds under this policy, our liability is limited as follows:

1. The Limits of Liability stated in **ITEM 4.A.** of the Declarations as applicable to the Each Claim, Each Certificate Holder limit is the most we will pay for all **DAMAGES** on behalf of any one Certificate Holder because of each claim or suit for **SEXUAL AND/OR PHYSICAL ABUSE**.
2. Subject to paragraph 1. above regarding Each Claim, Each Certificate Holder, the Limits Of Liability stated in **ITEM 4.A.** of the Declarations as applicable to the Aggregate, Each Certificate Holder limit is the most we will pay on behalf of any one Certificate Holder for each **POLICY PERIOD**.
3. The Limits of Liability stated in **ITEM 4.B.** of the Declarations as applicable to Each Claim limit is the most we will pay for all **DAMAGES** on behalf of the Named Insured because of each claim or suit for **SEXUAL AND/OR PHYSICAL ABUSE**.
4. Subject to paragraph 3. above regarding Each Claim, the Limits Of Liability stated in **ITEM 4.B.** of the Declarations as applicable to the Aggregate limit is the most we will pay on behalf of the Named Insured for each **POLICY PERIOD**.

SECTION V—SUPPLEMENTARY PAYMENTS

We will pay, with respect to any claim we investigate or settle, or any suit against an insured we defend:

1. All interest on the full amount of any judgment payable by us that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within the applicable limit of liability.
2. The cost of bonds to release attachments, but only for bond amounts within the applicable limit of liability. We do not have to furnish these bonds.
3. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or suit, including actual loss of earnings up to \$250 a day because of time off from work.
4. All court costs taxed against the insured in the suit. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the insured.
5. Prejudgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the applicable limit of liability, we will not pay any prejudgment interest based on that period of time after the offer.
6. All expenses we incur.

These payments will not reduce the Limits of Liability.

SECTION VI—CONDITIONS

1. Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this policy.
2. Duties In the Event Of Occurrence, Claim Or Suit

- a. You must see to it that we are notified as soon as practicable of a **SEXUAL AND/OR PHYSICAL ABUSE** occurrence which may result in a claim. To the extent possible, notice should include:
 - (1) How, when and where the occurrence took place;
 - (2) The names and addresses of any injured persons and witnesses; and
 - (3) The nature and location of any injury arising out of the occurrence.
- b. If a claim is made or suit is brought against any insured, you must:
 - (1) Immediately record the specifics of the claim or suit and the date received; and
 - (2) Notify us as soon as practicable.

You must see to it that we receive written notice of the claim or suit as soon as practicable.
- c. You and any other involved insured must:
 - (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or suit;
 - (2) Authorize us to obtain records and other information;
 - (3) Cooperate with us in the investigation or settlement of the claim or defense against the suit; and
 - (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury to which this insurance may also apply.
- d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

3. Legal Action Against Us

No person or organization has a right under this policy:

- a. To join us as a party or otherwise bring us into a suit asking for damages from an insured; or
- b. To sue us on this coverage

unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this coverage or that are in excess of the applicable limit of liability. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under this policy, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary except when Paragraph **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph **c.** below.

b. Excess Insurance

- (1)** This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis.
- (2)** When this insurance is excess, we will have no duty to defend the insured against any suit if any other insurer has a duty to defend the insured against that suit. If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.
- (3)** When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a)** The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b)** The total of all deductible and self-insured amounts under all that other insurance.
- (4)** We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Liability shown in the Declarations of this policy.

c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

5. Representations

By accepting this policy, you agree:

- a.** The statements in the Declarations are accurate and complete;
- b.** Those statements are based upon representations you made to us; and
- c.** We have issued this policy in reliance upon your representations.

6. Separation Of Insureds

Except with respect to the Limits Of Liability, and any rights or duties specifically assigned in this policy to the first Named Insured, this insurance applies:

- a.** As if each Named Insured were the only Named Insured; and
- b.** Separately to each insured against whom claim is made or suit is brought.

7. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment we have made under this policy, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring suit or transfer those rights to us and help us enforce them.

8. Premium Audit

- a.** We will compute all premiums for this Policy in accordance with our rules and rates.
- b.** Premium shown in this Policy as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the Named Insured. The due date for audit and retrospective premiums is the date shown as the

due date on the bill. If the sum of the advance and audit premiums paid for the **POLICY PERIOD** is greater than the earned premium, we will return the excess to the Named Insured.

- c. The Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.

9. Territory

DAMAGES will be paid in United States dollars.

SECTION VII—DEFINITIONS

1. **COVERAGE TERRITORY** means:

- a. The United States of America (including its territories and possessions), Puerto Rico and Canada;
- b. International waters or airspace, but only if the injury or damage occurs in the course of travel or transportation between any places included in **a.** above; or
- c. All other parts of the world if the injury or damage arises out of:
 - (1) The activities of a person whose home is in the territory described in Paragraph **a.** above, but is away for a short time on your business; or
 - (2) A **SEXUAL AND/OR PHYSICAL ABUSE** that takes place through the internet or similar electronic means of communication provided the insured's responsibility to pay **DAMAGES** is determined in a suit on the merits, in the territory described in **1.a.** above or in a settlement we agree to.

2. **DAMAGES** means all damages, including damages for death, which are payable because of injury to which this insurance applies.

3. **EMPLOYEE(S)** means any person, other than a Persons Insured, in your employment, including but not limited to persons with child caring responsibilities, attendants, janitors, bus drivers and volunteer workers.

4. **POLICY PERIOD** means, with respect to the Named Insured, the policy period shown in **ITEM 2.** of the Declarations; if the policy is terminated earlier, such lesser period. With respect to the Certificate Holder, the period of time beginning on the effective date and hour as Certificate Period shown on the Certificate Of Insurance and ending on the same expiration date as for the Named Insured.

5. **SEXUAL AND/OR PHYSICAL ABUSE** means sexual or physical injury or abuse, including assault and battery, negligent or deliberate touching.

National Casualty Company

A Stock Company, herein called the Company

COMMON POLICY CONDITIONS

All Coverages included in this policy are subject to the following conditions.

These Common Policy Conditions may be amended by a Commercial General Liability Coverage Part endorsement attached to this policy.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation. A Certificate of Insurance may be canceled by the individual Certificate Holder by surrendering the Certificate of Insurance or by mailing advance written notice to us stating when the cancellation is to be effective.
2. We may cancel this policy by mailing or delivering to the first Named Insured and all individual Certificate Holders written notice of cancellation. We may cancel a Certificate of Insurance by mailing to the individual Certificate Holder a written notice of cancellation stating when the cancellation is to be effective. The notice of cancellation will be mailed or delivered at least:
 - a. Ten (10) days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. Thirty (30) days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's and Certificate Holder's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The **POLICY PERIOD** or Certificate Period will end on that date.
5. If this policy or individual certificate of insurance is canceled, we will send any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured of the policy or the individual Certificate Holder cancels a Certificate of Insurance, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice. Delivery of written notice either by the first Named Insured, Certificate Holder or by us will be equivalent to mailing.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the **POLICY PERIOD** and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b.** Give you reports on the conditions we find; and
 - c.** Recommend changes.
- 2.** We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a.** Are safe or healthful; or
 - b.** Comply with laws, regulations, codes or standards.
- 3.** Paragraph **1.** of this condition applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
- 4.** Paragraph **2.** of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

- a.** Is responsible for the payment of all premiums; and
- b.** Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

DECLARATIONS
SEXUAL AND/OR PHYSICAL ABUSE LIABILITY POLICY

National Casualty Company

Master Policy Number

KRO

Renewal of Number

Home Office:
Madison, Wisconsin
Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675

A STOCK COMPANY

DECLARATIONS

ITEM 1. NAMED INSURED and Mailing Address

Agent Name and Address

Agent No.: _____

ITEM 2. POLICY PERIOD:

From:

To:

12:01 A.M. Standard Time at the Named Insured's mailing address shown above.

Certificate Period: As stated in each Certificate Of Insurance

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

ITEM 3. Description of Business:

Form of Business: ☐ Individual ☐ Partnership or Joint Venture

☐ Organization, including a Corporation, but other than a partnership or joint venture.

ITEM 4. Sexual And/Or Physical Abuse Liability Coverage

Limits Of Liability:

A. Certificate Holder

Each Claim, Each Certificate Holder \$ As stated in each
Certificate Of Insurance

Aggregate, Each Certificate Holder \$ As stated in each
Certificate Of Insurance

B. Named Insured

Each Claim \$ _____

Aggregate \$ _____

ITEM 5. Premium:

Premium Bases:

Rates:

Total Advance Premium: \$ _____

ITEM 6. Policy and endorsements made part of this policy at time of issue:

ITEM 7. Claims should be reported to: National Casualty Company 1-800-423-7675 www.scottsdaleins.com
Available 24 hours a day and 7 days a week

CERTIFICATE OF INSURANCE
SEXUAL AND/OR PHYSICAL ABUSE LIABILITY INSURANCE

Master Policy Number _____

National Casualty Company

Certificate Number _____

Home Office:
Madison, Wisconsin
Administrative Office
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

ITEM 1. Certificate Holder and Mailing Address _____

Named Insured _____

Agent Name and Address _____

Agent No.: _____

ITEM 2. Certificate Period: From: _____

To: _____

12:01 A.M., Standard Time at the Certificate Holder's mailing address shown above.

In return for the payment of premium and subject to all the terms of the certificate and its corresponding policy, we agree to provide the insurance as stated.

This certificate consists of the following coverage for the premium indicated.

ITEM 3. Description of Business:

Form of Business: ☐ Individual ☐ Partnership or Joint Venture
☐ Organization, including a Corporation, but other than a partnership or joint venture.

ITEM 4. Sexual And/or Physical Abuse Liability-

Limits Of Liability:

Each Claim, Each Certificate Holder.....\$ _____
Aggregate, Each Certificate Holder\$ _____

ITEM 5. Premium:

Premium Bases:

Rates:

Total Advance Premium:\$ _____

ITEM 6. Policy and endorsements made part of this policy at time of issue:

ITEM 7. Claims should be reported to:

National Casualty Company
8877 N. Gainey Center Dr, Scottsdale, AZ 85258
1-800-423-7675

www.scottsdaleins.com Available 24 hours a day and 7 days a week

RENEWAL CERTIFICATE

National Casualty Company

Home Office:

Madison, Wisconsin

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

Policy Number

ITEM 1. NAMED INSURED AND MAILING ADDRESS:

AGENT NAME AND ADDRESS:

Agent No.: _____ Program No.: _____

ITEM 2. POLICY PERIOD From: _____ To: _____

12:01 A.M. Standard Time at the address of the NAMED INSURED as stated herein.

In consideration of the renewal premium stated, the above-numbered policy is renewed for the period specified, subject to the terms and conditions thereof, except as otherwise specified herein.

Annual Premium

\$

- ☐ NO CHANGES FROM PREVIOUS TERM.
- ☐ CHANGES ON ENDORSEMENT BELOW ARE APPLICABLE WITH ABOVE INCEPTION DATE.

<i>SERFF Tracking Number:</i>	<i>SCTT-125877557</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>KR AR04204NCF01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Sports & Leisure</i>		
<i>Project Name/Number:</i>	<i>Initial Form/KR AR04204NCF01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SCTT-125877557 State: Arkansas
Filing Company: National Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: KR AR04204NCF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Sports & Leisure
Project Name/Number: Initial Form/KR AR04204NCF01

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	11/04/2008

Comments:

Attachment:

ar 4204 pctxd ncc.pdf

		Review Status:	
Satisfied -Name:	Cover Letter	Approved	11/04/2008

Comments:

Attachment:

ar 4204 Letter - forms.pdf

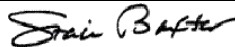
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Nationwide			Group NAIC #	140
4. Company Name(s)	Domicile	NAIC #	FEIN #		
National Casualty Company	WI	11991	38-0865250		

5. Company Tracking Number	KR AR04204NCF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110	State Filing Analyst	800-423-7675 x 3046	480-368-5820	Baxters2@scottsdaleins.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Staci Baxter		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Sports & Leisure
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: On Approval Renewal: On Approval

Property & Casualty Transmittal Document—

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	October 28, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	KR AR04204NCF01
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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National Casualty Company is filing an addendum to our Sports & Leisure program for a new Sexual Abuse Liability Coverage. We request an effective date as soon as permissible by the laws of your state.

We have attached the Sexual Abuse Policy, Conditions, Declarations, and Certificate to provide sexual abuse coverage. As a Subscriber of ISO, the applicable state cancellation endorsement(s) will be utilized. In addition, we are filing a renewal certificate for our sports and leisure business.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;">Check #: EFT Amount: \$50.00</div> <div>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</div>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

N A T I O N A L C A S U A L T Y C O M P A N Y

8877 North Gainey Center Drive
Scottsdale, Arizona 85258



A Nationwide® Company

Reply to:

Post Office Box 4110
Scottsdale, AZ 85261-4110

Telephone
480-365-3046
FAX 480-483-6752

October 28, 2008

National Casualty Company

NAIC No: 140-11991

Sports & Leisure Program – (Athletic Alliance Risk Purchasing Group, DBA Sports, Leisure & Entertainment Risk Purchasing Group)

Initial Form Filing

Company File No.: KR AR04204NCF01

Dear Commissioner:

National Casualty Company is filing an addendum to our Sports & Leisure program for a new Sexual Abuse Liability Coverage. We request an effective date as soon as permissible by the laws of your state

We have attached the Sexual Abuse Policy, Conditions, Declarations, and Certificate to provide sexual abuse coverage. As a Subscriber of ISO, the applicable state cancellation endorsement(s) will be utilized. In addition, we are filing a renewal certificate for our sports and leisure business.

If you need any further information, please feel free to contact me on the toll free number or e-mail address listed below.

Sincerely,

Staci Baxter
State Filings Analyst
baxters2@scottsdaleins.com
(800) 423-7675 x 3046